## CONTRACT #9 RFS # 318.66-017

## Department of Finance & Administration/Bureau of TennCare

VENDOR: Better Health Plans, Inc.

## REQUEST: NON-COMPETITIVE AMENDMENT

**APPROVED** 

	Commissioner of Finance & Administration  Date:							
Each of the request items below indicates specific info A REQUEST CAN NOT BE CONSIDERED IF INFORMAT CLEARLY ADDRESS EACH OF THE REQUIREMENTS	ormation that <u>must</u> be individually detailed or addressed <u>as required.</u> FION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT INDIVIDUALLY AS REQUIRED.							
<b>RFS #</b> 318.66-017								
STATE AGENCY NAME: Deparatment of Finance and Administration, Bureau of TennCare								
SERVICE CAPTION: Managed Care Organizatio TennCare/Medicaid Popula	n Services/Medically Necessary Health Care Services to the tion							
CONTRACT# FA-02-14858-00	PROPOSED AMENDMENT # 8							
CONTRACTOR: Better Health Plans, Inc.								
CONTRACT START DATE:	July 1, 2001							
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006							
CURRENT MAXIMUM LIABILITY:	\$462,601,359.65							
LATEST POSSIBLE END DATE WITH PROPOSED AM (including ALL options to extend)	ENDMENT: 12/31/2006							
TOTAL MAXIMUM COST WITH PROPOSED AMENDM (including ALL options to extend)	<b>ENT :</b> \$462,601,359.65							
APPROVAL CRITERIA: use of Non-Competi	tive Negotiation is in the best interest of the state							
only one uniquely q	ualified service provider able to provide the service							
ADDITIONAL REQUIRED REQUEST DETAILS BELOW	(address each item immediately following the requirement text)							
(1) description of the proposed additional service an	사람들은 사람들은 사람들이 가면 보는 사람들은 사람들이 되었다. 그는 사람들은 마음 전에 대한 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은							
Implements the TennCare Reform language as approved of interst disclosure requirements; strengthens MCO fina as well as various other housekeeping issues involving language.	by CMS and the courts; Requires NCQA accrediation; strengthens conflict ncial requirements; lowers the administrative fee to mirror TennCare Select; anguage clarifications.							

(2) explanation of need for the proposed amen	dment: [1, 1]
Due to TennCare changes recently approved by Cas well as providing needed amended financial rec	CMS and courts, it is necessary to amend the MCO contracts to conform to changes quirements and language clarifications.
(3) name and address of the proposed contrac (not required if proposed contractor is a state	
890 Willow Tree Circle, Cordova, TN 38018	
(4) documentation of OIR endorsement of the I (required only if the subject service involves in	
select one: Documentation Not A	Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel (required only if the subject service involves transfer	endorsement of the Non-Competitive procurement request : aining for state employees)
select one: Documentation Not A	Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to id non-competitive negotiation :	dentify reasonable, competitive, procurement alternatives rather than to use
This Contractor is currently providing a network of	services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner	should approve a Non-Competitive Amendment :
amendment will allow continuation of services to the	of the MCO contracts to conform to recent changes in the Program. This ne enrollees and further clarify their responsibilities, as well as modify financial atly appreciate the approval of this amendment by the Department of Finance and
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	Mr) Betil
	SIGNATURE DATE: 6-15-0
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2004	\$ 27,913,691.56	\$ 50,639,483.09			\$	78,553,174.65		
2005	\$ 35,530,800.00	\$ 60,400,900.00			\$	95,931,700.00		
2006	\$ 35,530,800.00	\$ 60,400,900.00			\$	95,931,700.00		
2007	\$ 16,928,350.00	\$ 31,037,500.00			\$	47,965,850.00		
	\$168,569,358.56	\$ 294,032,001.09			\$	462,601,359.65		
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		12/31/2006		appropriation from w	hich this obligation is required t	o be paid that is not		
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2006	\$ 35,530,800.00	\$ 60,400,900.00	<u></u>	\$	95,931,700.00
2007	\$ 16,928,350.00	\$ 31,037,500.00		\$	47,965,850.00
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2005	\$ 27,913,691.56	\$ 50,639,483.09	<del></del>		\$	78,553,174.65	
2006	\$ 13,956,845.78	\$ 25,319,741.55		•	\$	39,276,587.33	
	\$122,449,945.90	\$ 218,151,925.73	<u></u>	<u> </u>	\$	340,601,871.64	
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Office of Contracts Review

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		ontractor				Number of Page 2012
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2004	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2005	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2006	\$ 13,270,500.00	\$ 22,876,800.00			\$	36,147,300.00
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		SEL AMENDMENTS (OF		Pursuant to T.C.A., Se	uncing Certificat	
			The Amendment Colley	Commissioner of Finan	ice and Administatio	n, do hereby certify that
	THE END WEE	12/31/05		there is a balance in the required to be paid that		which this obligation is
Y: 02	. '			obligations previously i		sumpered to pay
Y: 03 Y: 04		<del></del>	<u> </u>		•	
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	THE REPORT OF THE PARTY OF THE	\$0.00	\$0.00			

		- LEONTI	RACT SUMMARY	SHEET		
Silvimber			Contra e Numba	FA-02-14858-0	2	
tate Agency	Department of Finance	and Administration	is (Colorador)	Bureau of TennCar	re	
		Contractor, Towns			act dentification	Number
BETTER HEA	ALTH PLANS, INC		,	U V- 25-18 □ C-	325549	·
			Service Description			
Managed Care	e Organization Servi	ces/Medically necess	ary Health Care Serv	ices to the TennCa	re/Medicaid Pop	ulation
	Fire Contraction	acı Beğiri Datewayı			Gentrao (Entra	ie was Castellari
7/1/01			•	12/31/05		
Allotment Code	Costidenten	Vitrone Code Est	Property Finds	Proper Grants	an Emili E orie i sa	Managran Gode
318.66	413	134	11 .	☐ STARS		
			z interdepartmental			Ame un uncluding
2002	<b>State Joinds</b> \$ 26,124,717.00	Federal Funds 38 45,799,618.00	Enids Esis	LECULER Frundings	S ALTA	nendments 12 2 7 7 1,924,335.00
. 2003	\$ 26,541,000.00	\$ 45,753,600.00			\$ .	72,294,600.00
2004	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.00
2005 2006	\$ 26,541,000.00 \$ 13,270,500.00	\$ 45,753,600.00 \$ 22,876,800.00			\$	72,294,600.00
NEW Totals		\$ 205,937,218.00			\$	36,147,300.00
	93.778	Ψ 200,007,210.00				324,955,435.00 Mitthe answerisings
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coress is a	729 Church Street Nashville, TN		4	Evine Companion ave	GOOTAGE TOKE A	
	(615)532-1362			is translation and the		
	eeling Agency Bud	es Chroer Approval S	gnature	is the Contractor on S	<b>建筑的建筑区域的</b>	
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lean Daniel	Lean	hansel)	7/1/02	isine commendes co		
N. M. M. C. W.	SASAMENES ESTEN	HEAMENDMEN, STO		Ishe Convacions to		
		Base Contract & Prior/		Pursuant to T.C.A., Sec	ending Centrican	arren Neel
			Inis Amerament ONES	Commissioner of Finan	ce and Administation	, do hereby certify that
Y: 02	MANAGEMENT OF THE	12/31/05		there is a balance in the required to be paid that	e appropriation from v is not otherwise enci	which this obligation is
Y: 03		\$71,924,335.00 \$71,924,335.00		obligations previously in		
Y: 04		\$71,924,335.00	\$370,265.00			· _
r: 05		\$71,924,335.00	\$370,265.00		······	
/: 06		\$35,962,168.00	\$185,132.00			
	Foal	\$323,659,508.00	\$1,295,927.00			

Committee of the state of the s		更是。觀觀的主				W-SHE		
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						CONTRACTOR OF THE PROPERTY OF	MANAGE AND THE OWNER OF THE PARTY OF	O contract
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FY 01	\$20,746,810	\$35,473	3,799					ALL STREET
FY 02	\$28,124,717	845,799	,618		-		<del></del>	\$50,220,00
FY 03	\$26,124,717	\$45,799			+		<del></del>	\$71,924,33
FY 04 FY 05	\$28,124,717	\$45,799						\$71,924,336
FY 08	\$28,124,717	\$45,799	<u> </u>		-		<del>-</del>	\$71,924,335
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The second	\$138,308,037	\$241,572				(and 1.1.)		\$35,962,168
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		CHARLEST METERS CONTRACTOR OF THE CONTRACTOR OF	on a second of the control of the co			Kelth Gaith	Maria Service de Charles	6/29/01
		Panish	construe and all transferant	Pursuant to	T,Ç,J	B Continuo o de de la	John D. Fees	uson, Commissioner of
	12/81/03	4 - 4 - 4 - 4 - 4	State of Second Second	2 paraprietles	1 firms	Yi salalah elala asali	CAN PRINT 1130	and he is contained in the
FY 01	<b>\$5</b> 6,	220,609		OZTRIWIEDO	CURTID	rered to pay obligation	previously inc	nusq.
FY 02		382,43 <del>6</del>	\$(152,958,101)			•		•
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Aque w/ Compression on Surmary 7/17/01

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Contr	act Number	FA-01-142	34-02/6	lov	<u> </u>	State Ag		<del></del>		ment of Financ	ce and	Admini	stration
		RFS # 318.	66-017	-		Division	•	Bureau of Ter	nCar	e ;		<del>:</del> -	
		Cont	ractor					1/2=-1				<u>.</u>	
Better	Health Plan	is, Inc.				V −	Ţ	vendo	סר וט	Number	<del></del>		<u> </u>
		•						25-1825549					
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Manag	ed Care Org	anization Servic	es/Medic	ally necessary	Health Ca	re Services to	the T	TennCare/Medic		D==4-12			
		Contract E	Begin Da	te						nd Date		·	
April 1.	2001'				<u></u>	December	31 20						
Allotm	ent Code	Cost Cente	r	Object Code	F	und		Grant	Gr	ant Code	Suit		<u> </u>
31	18.66	109		134		11			<u> </u>		301	grant	Code
FY	State	e Funds	Fede	ral Funds	Interde	partmental	<del>-</del>	on STARS		Total Co	ontract	Amoi	ınt
FY 01		\$20,746,810	····		F F	unds	<u> </u>	Other Funding		(including	ALL an	nendm	ents)
FY 02		\$26,124,717		,473,799 ,799,618				·		·		\$56,22	20,609
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FY 04		\$26,124,717		799,618			-			<del></del>			24,335
FY 05		\$26,124,717	\$45,	799,618			<del>† · · -</del>		$\dashv$	<del></del>		\$71,92 \$71,92	
FY 06		\$13,062,359	\$22,	899,809					1			\$35,96	
Total	\$	138,308,037	\$241	,572,080					•	<del></del>		379,88	
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<u></u> -		r is on STARS				OI DA HUIII	De1	93.778		<u> </u>			
<u></u>	<del> </del>	orm W-9 On Fil	o 10/645 A			<del></del>	Till.	State Fis	cal (	Contact	·	,.,,	
	OR		C AAITII W	ccounts		Name · Address		th Gaither			:	•	1
$\boxtimes$	Form W-9	Attached		• ,	1	Phone 729 Church Street, Nashville TN 37247-6501							
			·	· · · · · · · · · · · · · · · · · · ·		(615) 532-3911							
	Service Pr	ovider Registe	red with	F&A	,	Procuring Agency Budget Officer Approval Signature							
	Contractor (as defined	is a SUBRECI by OMB Circu	PIENT ılar A-13	3)		Keith Gaither/Rich 10/16/01							
	COMPLETE	FOR ALL A						Funding C		ication —	<u> </u>		
		Base Contr Prior Amend	act &	This Amen		Pursuant to T.	C.A., \$	Section 9-6-113	Lulot	n D Femuso	n, Com	mission	er of
ontract	End Date	· · · · ·	ments	ONLY		appropriation (	iominis rom w	itration, do hereb hich this obligation d to pay obligation	by cer ion is	tify that there	is a ba	lanca ii	n Hal
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